AMENDED

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Manager of and Budget No. 1215-0185 Expires 11-50-2

Through: 12 / 31 / 04

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 449

Fo	or Official Nose, Only
	( NE15705
E	OLMB OF

1. File Number U- 2774

Name

3 Name and address of person filing.

JOHNNY R. GYPIN

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From

/ 1 / 04

4. Name, file number, and address of labor organization.

PLUMBERS & STEAMFITTERS LOCAL 247

			L	abor Organization F	ile Number 🛮 🗸	140029	
P.O. Box	x, Bldg., Room No., if any	,	Р	O. Box, Building an	d Room Number	r, if any	
Street	1211 RAPIDES	AVE.	s	treet 1211 RA	PIDES AVE.		
City	ALEXANDRIA		C	ty ALEXAND	RIA		
State	LOUISIANA	ZIP Code + 4 71301	St	ate LOUISIA	ÑΑ	ZIP Code + 4	71301
5. Position	in labor organization	BUSINESS MANAGER		APPRENTI	CESHIP COO	ORDINATOR	
Enter a	appropriate data below If,	during the past fiscal year, you or your (except as specified in the	r spouse or exclusions	minor child directly set forth in the instru	or indirectly had ctions):	any of the following inte	rests
A. Held ar monetary	n interest in, engaged in value from an employ	n transactions (including loans) with ver whose employees your organ	, or derive ization rej	d income or other presents or is activ	economic bene vely seeking to	efit of represent	And And Andrew Victorian Community C
6. Name ar	nd address of Employer (i	ncluding trade name, if any).	7.a.	Vature of Interest, Tr	ansaction, or Inc	come.	
Name							
Trade Nan	ne, if any:						
P.O. Box,	Bldg., Room No., if any						
Street			7.b. A	vnount.			
J., J.,							
City							
State		ZIP Code + 4	1				
		s	ignature	**************************************	Andrews Administration and American		
15. Signat submitted i undersigne	ture and verification. The in this report (including the eds knowledge and belied	e undersigned declares, under penalty e information contained in any accompa f, true, correct, and complete. (See the	of Perjury a anying docu section on	and other applicable ments), has been ex penalties in the instr	penalties of the lamined by the si actions.)	law, that all of the information and is, to the beautiful	ation st of the
Signed _	John,	R. Aypin	On	8-10-05	318-4	42-9923	
	<u> </u>			Date		Telephone Number	
orm LM-30 (2	003)						Paye : '

Name of Person Filing JOHNNY R. GYPIN		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or oth of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the busines ctively seeking to represent, or indirectly to, or otherwise	s ·		
Name and address of Business (including trade name, if any).	9. Business deals with:			
Name LOCAL 247 EDUCATIONAL TRUST  Trade Name, if any:  P.O. Box, Bidg., Room No., if any Street 1205 RAPIDES AVE.  City ALEXANDRIA State LOUISIANA ZIP Code + 4 71301	a. Labor Organization b. Trust c. Employer			
10. If 9 b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.		
Name	UNION IS C	O-SPONSOR OF TRUST FUND		
Trade Name, if any:				
P.O. Box, Bidg., Room No., if any				
Street				
City	11.b. Approximate dollar value			
State ZIP Code + 4	12.a. Nature of interest held			
	APPRENTICE COOR SALARY \$27	DINATOR 00.00		
	12.b. Amount.			
C. Received from any employer (other than an employer covered unde	er parts A and B above)			
or from any labor relations consultant to an employer any payment of money	or other thing of value.			
3.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any				
O. Box, Bldg., Room No., if any				
Street				
Dity				
State ZIP Code + 4				
3 b. Is the Business an Employer or Consultant 2	14 b. Amount of payment.			

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Managen. and Budget No. 1215-0188 Expires 11-30-20

For Official Use Only	
READ THE I	INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.
E	
1. File Number U -	2. Fiscal Year Covered From:
	1 / 1 / 04 Through: 12/31 / 04
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name JOHNNY R. GYPIN	Name PLUMBERS & STEAMFITTERS LOCAL 247
	Labor Organization File Number
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 1211 RAPIDES AVE.	Street 1211 RAPIDES AVE.
City ALEXANDRIA	City ALEXANDRIA
State LOUISIANA ZIP Co	de + 4 71301 State LOUISIANA ZIP Code + 4 71301
. Position in labor organization.	
Toniciary value from all employer whose emplo	ncluding loans) with, or derived income or other economic benefit of oyees your organization represents or is actively seeking to represent.
Name and address of Employer (including trade name	
Name	
Frade Name, if any:	
P.O. Box, Bldg., Room No., if any	
itreet	7.b. Amount.
tity	
tate ZIP Code	9+4
	Signature
15. Signature and verification. The undersigned decuping the information control	
15. Signature and verification. The undersigned decuping the information control	Signature  clares, under penalty of Perjury and other applicable penalties of the law, that all of the information

ne of Person Filing JOHNNY R. GYPIN	File Number U-		
3. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or r indirectly to, or otherwise		
B. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Trade Name, if any:  P.O. Box, Bldg., Room No., if any Street	a. Labor Organization b. Trust c. Employer		
City			
State ZIP Code + 4			
0. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  C.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.		
treet	11.b. Approximate dollar value of such dealing.		
tate ZIP Code + 4	12.a. Nature of interest held or income received.		

or from any labo	or relations consultant to ar	than an employer covered employer any payment of m	under parts A and B ab oney or other thing of val	ove) ue.			
<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>			14.a. Nature of pay	14.a. Nature of payment.			
	BERS & STEAMFITT EALTH & WELFARE	ERS LOCAL 247	2-19-04	TRUSTEE MEETING	MEAL	57.35	
Trade Name, if a	any:		9-14-04	TRUSTEE MEETING	MEAL	72.83	
P.O. Box, Bldg., Room No., if any		12-13-04	TRUSTEE MEETING	MEAL	46.64		
Street 39	900 STERKS RD.	SUITE B					
City AI	LEXANDRIA						
State LA	A	ZIP Code + 4 71301					
13.b. Is the Busin	ness an Employer	or Consultant ?	14.b. Amount of pay	yment. 176.82			

12.b. Amount.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. Name and address of Business (including trade name, if any). 9. Business deals with: a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bidg., Room No., if any c. Employer Street City State ZIP Code + 4 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. State ZIP Code + 4 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant 14.a. Nature of payment. (including trade name, if any). 6-17-04 TRUSTEE MEETING 71.60 MEAL THE SEGAL COMPANY Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 6575 WEST LOOP SOUTH SUITE 610 City BELLAIRE State ZIP Code + 4 TEXAS 77401 14.b. Amount of payment. 13.b. Is the Business an Employer Consultant 71.60